

COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2003 - JUNE 30, 2004

COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS

2004 JUL 14 PM 4:09

1. DEPARTMENT/COURT INFORMATION:

Department/Court: HHSA

THOMAS J PASTUSZKA
CLERK OF THE BOARD
OF SUPERVISORS

Division/Unit: Maternal, Child, Family Health Services, Dental Health Initiative

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol. 43 Hours 1008 x \$17.19 = 17,328

Types of work performed by GENERAL VOLUNTEERS in this category:

Clerical support, material development, community outreach/education

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol. _____ Hours _____ x \$17.19 = _____

Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.

Position	Hours	x	VCL	=	Dollar Benefit
<u>(390) Dental Professionals</u>	<u>Variable</u>	<u>x</u>	<u>Variable</u>	<u>=</u>	<u>\$ 81,919</u>
<u>(2) Graphic Artists</u>	<u>200</u>	<u>x</u>	<u>50</u>	<u>=</u>	<u>\$10,000</u>

No. Vol 392 Total Hours _____ Total Value \$ 91,919

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

Dental treatment, graphic artwork, material layout.

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar</u>	<u>Benefit</u>
2a: <u>43</u>	<u>1008</u>	\$	<u>17,328</u>
2b: <u>0</u>	<u>0</u>	\$	
2c: <u>392</u>	<u>Variable</u>	\$	<u>91,919</u>

TOTALS: <u>435</u>	<u>Variable</u>	\$ <u>109,247</u>
--------------------	-----------------	-------------------

3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

<u>Item Donated</u>	<u>Value</u>	<u>Item Donated</u>	<u>Value</u>
<u>Dental supplies</u>	<u>\$ 1,800</u>		\$
	\$		\$

TOTAL VALUE \$ <u>1,800</u>

4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours 100 x Rate \$24 =

\$ <u>2,400</u>

- b. Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours 52 x Rate \$ 33 =

\$ <u>1,716</u>

- c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

<u>Item</u>	<u>Cost</u>
<u>Certificates</u>	<u>\$25.00</u>
<u>Incentives</u>	<u>400.00</u>
<u> </u>	<u> </u>

TOTAL OF OTHER PROGRAM COSTS

=

\$425

- d. TOTAL OF VOLUNTEER PROGRAM COST =
(add 4a, 4b, and 4c)

\$4,541

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	\$	<u>109,247</u>
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	\$	<u>18,000</u>
ADD a + b	\$	<u>127,247</u>
c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3)	(\$	<u>4,541)</u>
TOTAL PROGRAM BENEFIT	\$	<u>122,706</u>

6. **RECRUITING:**

Please describe your recruiting programs:

- Internet posting

- School classrooms

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

Coordinated 4 dental sealant clinics staffed by volunteers providing access to dental treatment for over 400 children.

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2004-05:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

* Maintain over 350 dental professionals on lists

* Serve as internship site for 8 students

* Work with volunteers from Dental Hygiene Society and School

9. **GENERAL INFORMATION:**

Name of Person Completing Report: Peggy Yamagata, RDH, MEd.

Phone Number: (619) 692-8858 Mail Stop P511H E-Mail: peggy.yamagata@sdcounty.ca.gov

Volunteer Coordinator: Peggy Yamagata, RDH, MEd.

Phone Number: _____ Mail Stop _____ E-Mail _____

10. **DEPARTMENT CERTIFICATION:**

Nancy L. Bowen MD
[Signature]
DEPARTMENT HEAD SIGNATURE

7/9/04
6/9/04
DATE

0000115